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CHURCH ATTENDANCE OF ADULTS WITH DEVELOPMENTAL DISABILITIES

A Thesis

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Masters of Arts

in

Education: Special

by

Heather Kathleen Smith

June 1997

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Approved by:


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5/13/97
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ABSTRACT

Adults with developmental disabilities were questioned whether they attend church or not. Subjects were 92 adults with developmental disabilities who were interviewed at a sheltered employment work site. The interviewers asked the subjects about their living arrangements, if they attended church in the last seven days, what kind of church they attended, name of church, and who they attended church with. The results showed fifty-two percent of the adults said they did attend church in the last seven days. Seventy-three percent attended a "Christian Church". Of these church attenders ninety-four percent knew the name of their church and forty-eight percent attended church with a family member. Recommendations were made for further study into developing programs for adults with disabilities inside the church.

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CHAPTER ONE

GENERAL STATEMENT OF PROBLEM

The purpose of this study was to investigate whether individuals with disabilities attend church or not. Since institutions have closed, individuals with developmental disabilities, on a whole, have not been entirely mainstreamed into their communities. A large percentage of this population remains unemployed and dependent upon others. Federal and state funded programs have not proven to be completely successful in mainstreaming this population or placing individuals with developmental disabilities in job settings. Also, these programs have been costly and are not part of communities' natural settings. A large number of individuals with developmental disabilities look for ways to integrate into society.

REVIEW OF RELATED LITERATURE

Current research shows over 35 million Americans endure chronic impairments or health problems that restrict their daily living activities (Fawcett et al., 1994). Individuals with sensory disabilities, cognitive and emotional limitations, and physical disabilities are included in this statistic. Another study shows an estimated 1.5 million Americans between the ages of 6-64 experience developmental disabilities (Morbidity and Morality, 1996). The Social Security Administration defines developmental disabilities as "significantly subaverage general intellectual functioning,

with deficits in adaptive behavior initially manifested during developmental period" (p. 4, Morbidity and Mortality, 1996). No matter what the disability is, most individuals with a disability share a common goal of living as independently as possible.

Studies reveal individuals with disabilities are not living independently. U.S. Commission on Civil Rights (1983) reported 50 to 80 percent of individuals with severe disabilities are unemployed. It is also estimated 60 percent of adults with disabilities, who are of working age, are at or near the poverty level (Bowe, 1980). These individuals are being supported by federal, state and local agencies. Gerry and Mirsky (1992) report the federal government offers individuals with severe disabilities a wide variety of programs including "cash benefits, direct services, and insurance protection" (p. 342). Many of these people are involuntarily living dependently, in isolation from society, and unproductive vocationally. These special programs can disempower adults with severe disabilities.

Recently efforts have turned towards transitioning individuals with disabilities from school to adult life. For example, the Department of Rehabilitation, a governmental agency, is paid to provide employment services to individuals with disabilities (McNair & Swartz, in Press). Other nongovernmental programs also work towards integration. In the 1970s individuals with developmental disabilities were

obtaining specific job skills in segregated, sheltered workshops, and educational settings (Rusch, 1990). Then at the end of the 1970s individuals with developmental disabilities were working in nonsheltered, competitive employment. Due to the lack of success of nonsheltered programs, supported employment began in the early 80s (Rusch, 1990). These efforts were allowing individuals with developmental disabilities to begin to be empowered.

Empowerment, as defined by Fawcett et al (1994), is "the process by which people gain some control over valued events, outcomes, and resources" (p. 471). Empowerment is important for individuals with minimal status to better their lives. Individuals with developmental disabilities are included in the minimal status group; they have the desire to live life as independently as possible (Fawcett et al, 1994). These unemployed individuals are not living a successful adult life which, according to McNair and Swartz (in Press), includes work, living independently, opportunities to recreate, and having satisfactory social relationships.

The goal of empowerment is for individuals to have control over their own lives. According to Benz and Kennam (1988), who surveyed a statewide sample of developmentally disabled adults, the group strongly desired to continue learning academics and living independently. Most individuals with disabilities can not attain this goal on their own. They require assistance to meet their personal goals and be

mainstreamed into the community. As mentioned earlier in the area of employment, several federal and state programs are in place to help individuals with disabilities gain employment, but there are some problems with these programs.

One of the problems with governmental agencies is the cost of the programs. Government programs are costing more money each year while the programs for adults with developmental disabilities are being reduced. McKnight (1987) claims social policy programs can cost more "than the wealth of the nation" (p. 55). Also, as Linney (1990) points out, there has been a decrease in public assistance programs. These decreases include: aid to families of dependent children, public health benefits, student loans, and job training programs. Government programs also do not offer creative solutions for problem solving (Covert, 1992). Finally, governmental support is the "most intrusive, least natural form of support" (McNair & Swartz, in Press, p. 4). Governmental agencies may not allow for individuals with disabilities to empower themselves, however natural support systems do. Fawcett et al. (1994) points out "the largest source of assistance often comes from communities of natural support" (p. 480). Natural support includes self-help, family, friends, neighbors, voluntary associations, and religious groups, which are all in the community.

Heller (1989) provides several definitions of community. One definition of community refers to geographic- the

neighborhood, town, or city. The second definition of community is the relational community which refers to the "social ties that draw people together" (p. 5). This definition stresses a community is individuals within formal organizations and members of informal groups. The relational community generates social relationships by common interest, not by vicinity. These formal and informal groups allow members to be integrated into society.

McKnight (1994) expands the definition of community. He views it as "the great 'out-thereness' beyond the doors of professional offices and facilities- the social space beyond the edges of our professional systems" (p. 23). The 'out-thereness', as described by de Tocqueville (1945), is a new social tool created by Americans. He refers to the social tool as the association. Associations are a self-formed assembly of citizens who decide what the problem is, how to solve it, and then carry out the resolution. McKnight (1987) views community associations as having the ability to "create and locate jobs, provide opportunities for recreation and multiple friendships, and to become the political defender of the right of labelled people to be free from exile" (p. 57). McKnight (1994) considers associations an influential component of our democracy to solve our problems.

Current research is showing a reoccurring theme of returning to the community to solve social problems and provide natural support. There is a need for each community

to develop its own ability to do for it self what outsiders can no longer do (McKnight and Kretzmann, 1984). Communities can develop programs through associations, formal and informal groups. Once exiled populations could be assimilated into the community where they can contribute to society through work, recreation, friendships, and politics.

The following reasearchers state several reasons why we are returning to the community to solve our problems. One reason, stated by McKnight (1987), is that the current institutional systems are not successful. In the area of education, crime, and health, the established institutions (schools, prisons, hospitals) are failing to solve community problems. McKnight says this is because institutions are created to control people, whereas associations build upon individual consent to the resolutions. Community associations have original characteristics which make them successful. Community associations are: interdependent, recognize fallibility, respond quickly, allow for creative resolutions, create personal relationships between members, and use caring for others as the main focus.

According to Linney (1990) the government is advocating a "return to the old-fashioned patterns of community life that made us successful in the past" (p. 3). This movement has been seen in education, in a plea to raise patriotism, and in dependance on the church and family to teach traditions and morals. It is acceptable for people to ask for help. People

in communities have helped each other for centuries. Recently, due to the breakdown of family and neighborhoods, people have looked to professionals for help (Forest & Pearpoint, 1992). Today's changes show society is moving away from government and professional help and putting the responsibility of social transformation back on individuals in the community.

Along with the combined efforts of community organizations, local groups on their own have also turned away from the government and relying on themselves to make changes in their community. Linney (1990) tells of two such groups. The National Alliance for the Mentally Ill has been effective in raising awareness about mental illness and in raising funds for research. The Citizen's Clearinghouse for Hazardous Wastes have been effective in identifying hazardous waste sites and facilitating the cleanup of their sites in communities. The growth of local groups is a strong piece of the social transformation away from governmental agencies and towards the community.

Heller (1989) refers to this social transformation as the "relational community" which connect individuals to the "larger social order" while meeting personal needs through group attachments (p. 6). Once the family was the provider of personal needs, but family is falling apart in today's society. Individuals look to peer groups and volunteer organizations to meet their needs. Relational communities

give people a variety of opportunities to participate and gain a greater sense of community. Heller observed that a "sense of community develops among group members who have a common history, share common experiences, develop emotional closeness, and whose group membership conveys a recognition of common identity and destiny" (Heller, p. 6). Church is one, of the many, community organization that comes to mind.

Several authors have stated reasons why church participation will benefit those with disabilities and help them become integrated into communities. Religion provides a place to belong, to be accepted, to be comforted, and to share values (Riordan & Vasa, 1995). According to Hoffman (1969) religious organizations are a place for complete unification of different groups. Religious organizations can supply individuals with disabilities with normalization throughout their lives because of the unification and shared values (Riordan & Vasa, 1995). It is important for adults with disabilities to have a place to belong where they are accepted and feel comfortable. Also activities which occur weekly, offer more opportunities for interaction than activities which occur less frequently (Blaney & Freud, 1992).

Underwood-Gordon (1995) explains that church is an appropriate mode to integrate adults with disabilities because it uses a spiritual model. In the spiritual model the "Heart" is an integration of the social, cultural, functional, intellectual, physical, emotional, spiritual, and transcendent

dimensions. These dimensions, which are part of a church, enable a person with disabilities to be integrated into functional daily living. Spiritual roles and religious practice make contributions in the areas of functionalism, self sufficiency, suffering, and resources. These four foci of the church assist individuals in becoming integrated into communities.

The church is also a good avenue because although the world judges people on how functional they are, the church hopefully sees motivations and attitudes as more important. Churches may be more willing to help people with disabilities because the congregations are not constrained by functional evaluations in the spiritual approach. Many people with disabilities feel that it is unfair they have a disability. This is an area where the church can also help. The religious arena believes many things cannot be explained and there is more to a person than what is seen on the outside. Whereas many in society believe people receive what they deserve. The church helps people with disabilities understand the, "Why me?" question, which enables them to feel better able to integrate.

According to Underwood-Gordon (1995), another way the church helps people with disabilities is in the area of self sufficiency. She observes that society presumes anyone can do anything if they try hard enough. This is untrue for people with disabilities. The church is comprised of people wanting

and willing to help others. It is here that people with disabilities may receive the help they need to become part of society. In American society a large majority of people are rushing, in a hurry, and unwilling to help individuals who require extra time. The spiritual perspective can allow for more patience for those with disabilities. Suffering is another domain where spiritual beliefs help a person with disabilities. The church helps them to cope with the pain and learn how to grow so they can be successful in the community. The last realm Underwood-Gordon covers in her model for integration is spiritual resources. She lists several resources provided by spirituality which aid a person with a disability. Spiritual friendships, sense of community in the church, and prayer are tools people with disabilities can use to cope with their disability.

Johnson and Mullins (1990) add that religious organizations can give meaning and motivation in their lives. They used Ira Iscoe's model of competent communities to conduct a survey with churches. The goal was to see if churches were following the competent communities concept to address and solve social problems. The findings showed all the churches were in one way or another using the competent community concept to meet the needs of society in their church. McKnight and Kretzmann (1984) also point out organizational networks depend on their local churches for support.

Several churches have already begun to provide community based services for individuals with developmental disabilities. Evergreen Presbyterian Ministries, Inc. transformed from an institutionally based service system to an exclusively community based one (Wagner, Long, Reynolds, & Taylor, 1995). Their community based program included supported living programs where individuals either lived by themselves or with no more than two roommates.

O'Brien and O'Brien (1992), tell the story of Betty, a sixty year old lady with developmental disabilities, who finds her place as a member in church. At first the congregation was uncertain whether they could spare the time to help Betty. They grew to know Betty as neat, and enthusiastic, with a sense of humor. The congregation became open to inclusion and providing services for individuals with developmental disabilities after they became acquainted with Betty.

As relayed in Betty's story, churches may be becoming more accepting and comfortable with integrating individuals with developmental disabilities. McNair and Swartz (in Press) found "82 percent of churches were attended by individuals with developmental disabilities" (p. 2). Their research confirmed churches are open to individuals with disabilities and churches offer a wealth of support for individuals with developmental disabilities in the community. Also families with children with developmental disabilities use churches as recreational programs and childcare (Covert,

1992). The question is what percentage of adults with developmental disabilities attend church? Additionally, what kind of church and with whom do they attend?

ASSUMPTIONS

The following assumptions were made for this study:

1. Individuals with developmental disabilities want to be integrated into their communities.
2. Individuals with developmental disabilities know what the term church means.
3. Individuals with developmental disabilities know whether they attend church or not.
4. Individuals with developmental disabilities know what kind of church they attend.

HYPOTHESES

1. The majority of individuals with developmental disabilities live in group homes.
2. The majority of individuals with developmental disabilities do not attend church.
3. Individuals with developmental disabilities do not have a ride to church.
4. Individuals with developmental disabilities do not know the name of their church.

DEFINITIONS OF TERMS

1. A person who has significantly subaverage general intellectual functioning, with deficits in adaptive

behavior initially manifested during developmental period is developmentally disabled.

2. A person who is related to you is a family member.
3. Some individuals with developmental disabilities live in group homes with a care provider.
4. Religious is the doctrinal, denominational orientations and external aspects like attending church.
5. Spirituality involves a personal quest to find meaning and purpose of life and a relationship to a God and the rest of the universe.

SIGNIFICANCE OF THE PROPOSED STUDY

Federal and state programs for the developmentally disabled are in need of larger budgets to support their programs. These programs are not successful in integrating the developmentally disabled population into the community. There is a need to turn back to the community to receive help in integrating adults with developmental disabilities. The church is one resource in the community which can be utilized. This study was designed to evaluate whether individuals with developmental disabilities have a religious interest.

CHAPTER TWO

SUBJECTS

The subjects were adults with developmental disabilities from a sheltered employment work site. The subjects were selected by nonprobability sampling. The researcher used the available adults who volunteered at the work site. There were ninety-eight adults with developmental disabilities working at site and ninety-two adults volunteered to be interviewed. Six of the adults chose not to be interviewed. The ninety-two adults were each paid two dollars immediately after their interview for their time. The nonprobability sampling did not reflect any emphasis on race, economic status, or ability. This was an intrusive study.

DATA COLLECTION

This was a non-experimental quantitative design with no manipulation of conditions. One work site out of four was randomly selected. The managers at the work site in Corona were contacted over the phone. The researcher explained the research project and asked for permission to interview their clients at the work site. At the site, each worker was asked if they would like to be interviewed and receive two dollars for their time. The questionnaire (see appendix B) itself consisted of seven questions.

Question number one asked the respondent his/her name. Question number two asked if he/she lived in a group home. If he/she said no he/she was asked if he/she lived with his/her

parents or in his/her own apartment. Question number three asked if he/she went to church in the past seven days...past week. If the respondent did not understand the question, the interviewer reworded the question to say, "Did you attend (go to) church last Sunday?". If he/she said yes, the interviewer went on to question number four. If he/she said no to question number three, the interviewer went on to question number six.

Question number four asked what kind of church he/she attended and the name of the church. If the respondent could not give an answer, the interviewer named different churches. When the respondent said, "That one.", the interviewer would ask, "Do you attend (kind of church)?". Question number five asked if a friend or parent took him/her to church or if he/she went by him/herself. Question number six asked the respondent's age and the interviewer marked gender of respondent on question number seven.

DATA TREATMENT PROCEDURES

After the 92 interviews were conducted, the analysis process began. The researcher tallied the respondents' answers into different categories. Frequencies were generated from the different categories. Using 92 as N, frequencies were generated for race, who participants live with, and church attendance. As 35 females were interviewed, 35 was the N, for females who attended church and 57 for the males. There were 48 individuals who could share who they lived with,

who they attended church with, and what kind of church they attended.

PRESENTATIONS OF FINDINGS

The interview was developed to determine whether individuals with developmental disabilities attend church. Ninety-two adults from the ages of 19 to 62 with a mean age of 32 were interviewed. Fifty-seven males between the ages of 19 and 60 with a mean age of 33 were interviewed. Thirty-five females between the ages of 19 and 62 with a mean age of 33 were interviewed.

Overall, the respondents were Caucasian (73%), followed by Hispanic (17%), and African American (10%). Three out of the 92 respondents were deaf and had interpreters. The majority of the respondents live in group homes (61%), followed by living with a family member (34%), and lastly living on their own (5%).

The major focus of this study was to determine whether adults with developmental disabilities have an interest in religion. Respondents indicated that 52% do attend church. Out of the 57 males questioned, 47% were church attenders and their ages range from 19-50 with a mean age of 30. Of the 35 females questioned, 60% were church attenders and their ages range from 19-62 with a mean age of 34.

The majority of the respondents who said they did attend church in the past seven days lived in a Group Home (52%), followed by living with a family member (42%), and lastly

living on their own (6%).

When the church attenders were asked what kind of church they attended, 94% knew the kind of church they went to. The majority of the church attenders, 88%, went to a quote "Christian Church" (Protestant 73%, Catholic Church 15%), and Mormon Church (6%). Forty-six percent of the church attenders knew the name of their church.

The majority of respondents who went to church in the past seven days went with a family member (48%), followed by group home (19%), friend (17%), by themselves (13%), and church van (4%).

LIMITATIONS OF THE DESIGN

This research design had limitation. One of the limitations was using nonprobability sampling. Nonprobability sampling did not allow for representation of the larger population, so generalizing is more restricted. The work site was also not chosen randomly, but chosen for convenience and familiarity.

Communication between interviewer and respondent became another limitation. On three of the interviews the interviewer was assisted by a staff member due to low verbal skills of the respondent. Three of the respondents were deaf and one spoke Spanish. Each of these interviews were interpreted by a staff member. Meaning and clarification can be lost through interpretations.

Another limitation was acquiescence, the tendency to

answer a question affirmatively. Some of the respondents had a low understanding of the questions so their answers may not have been accurate.

CONCLUSION

The quality of life for people with developmental disabilities relies on whether they are identified as members of networks and associations in the community (O'Brien & O'Brien, 1992). Individuals who are seen as members gain opportunities to participate in significant social roles and to form personal relationships through daily transactions. O'Brien and O'Brien (1992) state, "people excluded from memberships are at risk for loneliness, isolation and powerlessness" (p. 18). Individuals who want to construct a "more inclusive community must consider how people deny membership, the resources the membership can offer, and the ways in which membership can be established" (p. 18).

A more inclusive community can evolve through resources coming from the community and using only interventions owned by the citizens in the community (Jason and Crawford, 1991). As with all community programs, developmental disability programs in the community incorporate an assortment of people: people with developmental disabilities, advocates, parents and relatives, state and local officials, legislators, neighbors of group homes and members of the public. When it comes to research on the developmentally disabled, the above people are often overlooked as participants. Some may be more touched by

research results than others, but all are affected by, housing arrangements, vocational programs, philosophy on community integration, and funding arrangements. A few have had influence in these areas, but it is time to obtain a balance of opinions and ideas from people in the community (Sherman and Sheldon, 1991).

This research project focused on one of those groups, individuals with developmental disabilities. The research findings supported the notion that individuals with disabilities do attend church. The 52% figure for church attendance is similar to Riordan and Vasa's (1991) finding that 46% of adults with development disabilities attend church. These two studies show the importance of religious organizations, a natural support in our community, in the lives of adults with developmental disabilities.

Forest and Pearpoint (1992) proclaim "a natural support approach challenges the traditional authoritarian model" (p. 65). Natural support presumes "ordinary people can do extraordinary things when valued-based leadership is in place" (p. 65). It also presumes "people care and will help when asked" (p. 65). Churches hold potential in each of these areas. It could be that church is the avenue for integrating adults with developmental disabilities into the community.

The research shows adults with developmental disabilities are choosing church as an avenue to the community and according to McNair and Swartz (in Press) churches are

providing services to these adults. Churches as a natural support need expansion. Churches need to become more involved, and to be helped with commitment to integration. It is our responsibility, as practitioners, to facilitate this outcome. We need to assist churches in designing their programs and then guide adults with developmental disabilities to churches to receive services. Clearly, churches are a part of the answer to solving the problem of integrating adults with developmental disabilities into the community.

RECOMMENDATIONS FOR FURTHER RESEARCH

This research supports the notion that individuals with developmental disabilities do attend church. The author would make the following recommendations for further research:

1. Interview individuals with developmental disabilities who do attend church to discover what programs they are being offered at church and which programs they participate in.

2. Are individuals with disabilities who are involved in programs, active participants in identifying problems and creating solutions? Individuals with developmental disabilities who do attend church need to be interviewed about the type of services they prefer the church to offer and how those services should be delivered.

3. Conduct a survey to see if church programs reflect the needs and concerns of the people the programs are designed to help.

4. Church administrators need to be informed about the

need and rationale for the programs. The potential outcomes also need to be shared with the administrators. Then interviews should be conducted with churches on their willingness to be trained to work with developmentally disabled adults.

Appendix A Questionnaire Results

Individuals with developmental disabilities who
attended church in the past seven days.

	Yes	No	N
Overall	52%	48%	92
Female	60%	40%	35
Male	47%	53%	57

Where respondents who attended church in the
past seven days live.

N = 48	
Group Home	52%
Family Member	42%
On Their Own	6%

What kind of church the respondents attended.

<u>N = 48</u>	
<u>Protestant Church</u>	73%
<u>Catholic Church</u>	15%
<u>Mormon Church</u>	6%
<u>Unknown</u>	6%

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